

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name <u>City of San Jose</u>		Date Stamp <u>2016 MAY 27 AM 11:54</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 9</u>			
Designated Agency Contact (Name, Title) <u>Shirley Goings, Exec. Assistant</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408 535-4909</u>	E-mail <u>District9@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 213.00

Event Description: MMA FIGHT Bellator 154: King Mo vs. Phil De Fries Date(s) 05/14/2016

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Rocha, Donald
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Smash Gyms</u>	<u>8</u>	<u>Recognition on their efforts in providing a safe, educational, + enriching experience for youth and their families.</u>
<u>2268 Quimby Rd. San Jose, CA 95122</u>		

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Don Roche Donald Rocha Councilmember 5/27/16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____